GEAUGA COUNTY
VOLUNTEERS - WORKERS COMP

Please supply the following information for each PERSON who volunteered for your department at any time during the year of 2026.

Department: _____ Fund: _____

Person's Name	Address	VOLUNTEER hours worked in 2026	Termination Date

Completed By: _____ Extention: _____

Return to the Auditor's Office by January 31, 2027

Reset Form

Print Form